

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056954

1. Entity Name

CRUISE'S LIMO SERVICE, INC.

Principal Place of Business
11500 GULF BOULEVARD
TREASURE ISLAND FL 33706

Mailing Address
11500 GULF BOULEVARD
TREASURE ISLAND FL 33706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3586381

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NEAL, ROCK
14501 GULF BOULEVARD
MADEIRA BEACH FL 33708

7. Name and Address of New Registered Agent

Name Stewart Shriver
Street Address (P.O. Box Number is Not Acceptable)

11500 Gulf Blvd.
City Treasure Island FL Zip Code 33706

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Nov. 22, 2000
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME SHRIVER, STEWART J
STREET ADDRESS 11500 GULF BOULEVARD
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003499791--5
-12/13/00--01071--017
*****750.00 *****750.00

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stewart Shriver Nov. 22, 2000
Signature and typed or printed name of signing officer or director Date

Daytime Phone #

FILED
00 NOV 30 PM 9:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

CR2E034 (5/00)

KE